PTO/SB/82 (10-00)



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| Application Number | 10/021,168 | |
|------------------------|--------------------|--|
| Filing Date | December 11, 2001 | RECEIVED |
| First Named Inventor | Stephen R. Gorfine | NEOFIVED |
| Group Art Unit | Not yet assigned | MAR 4 2002 |
| Examiner Name | Not yet assigned | |
| Attorney Docket Number | 010692-004531US | TECH CENTER 1600/290 |
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I hereby revoke all previous powers of attorney or authorizations of agent given in the aboveidentified application: ☑ A Power of Attorney or Authorization of Agent is submitted herewith. OR Please change the correspondence address for the above-identified application to: ☐ Customer Number | 20350 OR Firm or Individual Name Address Address City ZIP State Country Fax Telephone I am the: Applicant/Inventor. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record CHANDLER Name Signature Date BRUARY 2002 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. *Total of 1 forms are submitted.

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

10/021,168 **Application Number** December 11, 2001 Filing Date TECH CENTER 1600/2900 Stephen R. Gorfine First Named Inventor NITRIC OXIDE DONOR COMPOSITION AND METHOD FOR Title TREATMENT OF ANAL **DISORDERS** Not yet assigned **Group Art Unit** Not yet assigned **Examiner Name** 010692-004531US **Attorney Docket Number**

| I hereby appoint: | | | | | | |
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| ☑ Practitioners at Customer Number OR | 20350 | - | | | | |
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| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. | | | | | | |
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| I am the: | | | | | | |
| Applicant/Inventor. | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. | | | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | |
| Name JOIAN J. CIAANDLER | | | | | | |
| Signature believels | | | | | | |
| Date 4 FEBRUARY 2002 | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | |
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Attorney Docket No. 010692-004531US

| | STATEMENT UND | ER 37 CFR 3.73(b) | |
|--|--|---|----------------------|
| Applicant/Patent Owner: Stepl | nen R. Gorfine | | DE LEVEN |
| A Carlos No (Date of No. 40) | 1004 4C0 | Stad/Januar Date: December 44, 2004 | RECEIVED |
| Application No./Patent No.: 10/ | | iled/Issue Date: December 11, 2001 HOD FOR TREATMENT OF ANAL DISORDERS | MAR - 4 2002 |
| | | | |
| Cellegy Pharmaceuticals, Inc. (Name of Assignee) | | ation ignee, e.g., corporation, partnership, university, government a | ECH_CENTER 1600/2900 |
| states that it is: | (7) | | |
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| The undersigned (whose title is | supplied below) is empowered | d to sign this statement on behalf of the assignee. | |
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